ora S	•				
COMBINED DECLARATION For (includes Reference to PCT Internation	ATTORNEY'S DOCKET NUMBER PHNL031355 US				
As a below named inventor, I h	ereby declare that:				
My residence, post office addre	ess and citizenship are as state	ed next to my name.			
		name is listed below) or an origir claimed and for which a patent is			
the specification of which (chec	k only one item below):				
is attached hereto.					
	pplication				
Serial No					
on					
and was amended					
on					
☑ was filed as PCT internation	al application				
Number PCT/IB2004/052394					
On 11 November 2004					
and was amended under PCT	Article 19				
on			(if applicable).		
I hereby state that I have review claims, as amended by any am		nts of the above-identified speci	fication, including the		
I acknowledge the duty to discle Title 37, Code of Federal Regul		rial to the examination of this ap	plication in accordance with		
or inventor's certificate or of any States of America listed below any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign(s) designating at least one couforeign application(s) for patent country other than the United State application(s) of which priority	ntry other than the United or inventor's certificate or ates of America filed by me		
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C.	119:		
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		

18 November 2003

YES

03104249.2

Europe

Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) PHNL031355 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF INVENTOR	FAMILY NAME STAN	FIRST GIVEN NAME Gheorghe	SECOND GIVEN NAME Sorin
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

DATE

17 June 2005

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office (July 1994) PTO/SB/80 (11-04)

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby	y appoint:					
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OR						
Pra		w (if more than ten patent	practitioners are to be	named, then a custo	omer number must be t	used):
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I anvanca	y(s) or agent(s) to repres il patent applications ass o this form in accordance	sent the undersigned befo signed <u>only</u> to the undersig e with 37 CFR 3.73(b).	re the United States P gned according to the	atent and Trademar USPTO assignment	rk Office (USPTO) in co records or assignment	nnection with documents
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	, <u></u>	******	· =			
KONINKLIJKE PHILIPS ELECTRONICS N.V.						
Groenewoudseweg l 5621 BA Eindhoven, The Netherlands						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Muns	SE.M	un		Date 14 Janua	ry 2005
Name	Michael E.	Marion		-	Telephone (914)	333-9637
Title	Title Authorized Representative				<del></del>	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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